



# BOROUGH OF WILKINSBURG

CODE ENFORCEMENT DEPARTMENT

ROOM 304 THIRD FLOOR

605 ROSS AVENUE

WILKINSBURG PENNSYLVANIA 15221

PH 412-244-2923/FX 412-244-2922

## TENANT REGISTRATION APPLICATION

Date \_\_\_\_\_ Application # \_\_\_\_\_

### TYPE OF REGISTRATION

☐ ANNUAL

☐ CHANGE OF TENANT

☐ CHANGE OF OWNERSHIP

Property Address \_\_\_\_\_ Usage: Comm. ☐ Res. ☐ Mixed ☐

Property Owner Name \_\_\_\_\_ Lot & Block # \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone-Home \_\_\_\_\_ Phone Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency/Management Contact \_\_\_\_\_

Emergency/Management Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone-Home \_\_\_\_\_ Phone Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Fees** \$ 10.00 per unit

TBC

Please print clearly. Illegible and incomplete forms will not be accepted. Please remit payment with this application. For Corporations, a form of identification of an authorized officer of the company, or copy of a written agreement of the corporation's registered agent is required.

The undersigned hereby represents that, to the best of his/her knowledge, belief that all information listed above is true, correct, and complete; and that all attachments contain the required information.

### Applicant Signature

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Permit Number \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date : \_\_\_\_\_

Title: \_\_\_\_\_

***BOROUGH OF WILKINSBURG***  
**TENANT REGISTRATION FORM**

# of units \_\_\_\_\_

Owner Occupied: ☐ Yes ☐ No

[illegible]